

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/673468		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3							53				
4		00					54				
5		00					55				
6		00					56				
7		00					57				
8		00					58				
9		00					59				
10		00					60				
11		00					61				
12		00					62				
13		00					63				
14		00					64				
15		00					65				
16		00					66				
17		00					67				
18							68				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1						TOTAL IND.				
TOTAL DEP.	18						TOTAL DEP.				
TOTAL CLAIMS	19						TOTAL CLAIMS				